Asynchronous Competency-based CORE Curriculum

Introduction
Teaching resident core competencies and the mechanisms for delivery are known challenges in graduate medical education, especially for consortium-sponsored institutions. In many cases, these challenges prompt programs to implement innovative ways to deliver their educational curriculum. As residency programs convert from AOA to ACGME accreditation through the Single Accreditation System, many programs are facing more stringent accreditation requirements. One way programs have met these requirements is by establishing "an educational program that covers the minimum body of knowledge and skills that is required of all residents, regardless of their specialty" (Kwon, Lee, Chang, Kim, 2015). Program directors and faculty alike agree on an established educational core curriculum is "absolutely needed" (Kwon, Lee, Chang, Kim, 2015).

Objectives
The purpose of this poster is to:

• Explain why we created an asynchronous, competency-based core curriculum for our consortium.
• Outline the components of our core curriculum model.
• Describe the management of our residency curriculum as a complex system in the quest of meeting internal and external mandates.
• Share the expected outcomes from our inaugural year of implementation.

Background
Kansas City University (KCU) GME-Consortium is an AOA-accredited Opti and an ACGME-accredited Sponsoring Institution with 26 residency programs, in 11 different specialties, across 9 states. As our programs began converting from AOA to ACGME accreditation through the Single Accreditation System, it became apparent that we needed to enhance and standardize our resident curriculum in order to meet ACGME accreditation requirements. Due to the unique structure of our consortium, we developed an asynchronous curriculum to allow for individualized, self-guided learning across a multitude of learning environments.

Curriculum
Our core curriculum utilizes 4 different resources:

• American Medical Association (AMA) GME Competency Education Program online modules
• Institute for Healthcare Improvement (IHI) online modules
• Maslach Burnout Inventory provided by Mind Garden Inc. completed annually to assess workplace stress, burnout, and coping strategies
• Research Training Course for Residents adapted from the Statewide Campus System Michigan State University College of Osteopathic Medicine

First Year Resident
**AMA Modules**
- During first 10 months of residency
- Residents complete 24 online AMA modules
- Approximately 8 hours to complete
- Topics include patient handoffs, patient safety, residents as teachers, sleep deprivation, quality improvement, etc.

**IHI Modules**
- During next 8 months of residency
- Residents complete 13 online IHI modules
- Approximately 18 hours to complete
- Topics include patient safety, responding to adverse events, teamwork and communication, etc.
- Upon completion, receive a Basic Certificate in Patient Safety

**Research Course**
- Course is 12 months in duration
- Residents take during their 2nd or 3rd year, depending on the length of their program
- Consists of 20 modules, 12 post-tests, and 12 assignments
- Provides residents with foundations of research and guides them through the process of completing a research project

Second Year Resident
**AMA Modules**
- During final 6 months of residency
- Residents complete 5 online AMA modules
- Approximately 3 hours to complete
- Topics include physician employment contracts, choosing the practice that’S right for you, personal finance, Medicaid, etc.

Expected Outcomes
Fulfillment of the ACGME-approved sponsoring institution responsibility of being in substantial compliance with Institutional Requirements.

• Provide a cost effective way to deliver core curriculum.
• Ensure residents have protected time to complete curriculum.
• Assess effectiveness of curriculum and recognize areas of improvement.
• Educate residents on adherence to ethical principles and professionalism.
• Educate residents in fatigue management and mitigation to recognize the signs of fatigue and sleep deprivation.
• Facilitate professional development for residents regarding effective transitions of care and end of life circumstances.
• Ensure residents have knowledge and skills to improve systems of care, reduce healthcare disparities, and improve patient outcomes by applying root cause analysis or other similar risk-reduction processes.
• Survey resident and faculty experience of burnout and contributions to resident burnout.
• Providing an educational program for fulfillment of educational and professional responsibilities, including scholarly pursuits.
• Advance residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, and applied to patient care.

References

• American Medical Association (AMA) GME Competency Education Program modules: https://www.ama-assn.org/home-career/gme-competency-education-program
• Institute for Healthcare Improvement (IHI) modules: http://www.ihi.org/education/IHIOpenSchool/Courses/Pages/default.aspx
• Maslach Burnout Inventory: http://www.mindgarden.com/117-maslach-burnout-inventory
• Research Training Course for Residents: http://3hop.msu.edu/product.9f/must.56.htm